



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

<http://www.dlp.vermont.gov>

Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

May 28, 2014

Mr. James MacDonald, Administrator
Second Spring
118 Clark Road
Williamstown, VT 05679-9449

Dear Mr. MacDonald:

The Division of Licensing and Protection completed the unannounced on-site licensure survey at your facility on **May 13, 2014**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be a pattern of deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **June 10, 2014**.

Plan of Correction (POC)

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.

If you disagree with the existence or accuracy of a deficiency, please provide comments in the space provided beneath the deficiency statement.

You may also request an informal review of all or part of the contents of the notice at any time prior to **June 10, 2014** by calling Frances Keeler, RN, MSN, DBA, Assistant Division Director, or Clayton Clark, Division Director at (802) 871-3317. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call (802) 871-3350.

The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to \$10.00 per resident or \$100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **June 10, 2014**.

Appeals

As noted above, you may seek an informal review from Frances Keeler, RN, MSN, DBA, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the Human Services Board at 14-16 Baldwin Street, Montpelier, VT 05633-4302. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at 871-3317 if you have any questions.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl



VERMONT

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June 26, 2014

Mr. James MacDonald, Administrator
Second Spring
118 Clark Road
Williamstown, VT 05679-9449

Dear Mr. MacDonald:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 13, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota, RN".

Pamela M. Cota, RN
Licensing Chief

PC:jl

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0386	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2014
NAME OF PROVIDER OR SUPPLIER SECOND SPRING		STREET ADDRESS, CITY, STATE, ZIP CODE 118 CLARK ROAD WILLIAMSTOWN, VT 05679		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site licensure survey was conducted on 5/12/14 & 5/13/14 by the Division of Licensing and Protection to determine compliance with the Residential Care Home Licensing Regulations. The following regulatory violations were identified:	R100	Please see attached plans of correction	
R200 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview written policies and procedures were not created or updated that govern all services provided by the RCH. Findings include: 1. During the course of survey conducted on 5/12/14 and 5/12/15 it was identified the RCH staff failed to develop policies and procedures specific to the sanitary management and maintenance of the kitchen. Cleaning schedules had not been developed to assure all work surfaces, shelves, cooking utensils, appliances, and all other kitchen equipment was kept clean and sanitary. A cleaning schedule was not developed for the routine cleaning of the ansul equipment to assure all the grates and piping remained free of dust and grease. A routine maintenance schedule had not been incorporated into a policy to assure the ceilings and overhead pipes remained clean and without dust and	R200		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

3800

SLC/11

If continuation sheet 1 of 11

R200, R248, R249, R251, R252, R266, R270, R302, R310 + R9993 POC's accepted 6/19/14 Fmuntash RN/FML

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R200	<p>Continued From page 1</p> <p>grease.</p> <p>2. There was also a failure to develop a policy that kitchen staff could utilize to assure resident food allergies and food preferences were made known by all who are cooking and serving meals. Although a Dietary assessment form had been developed, there was no process in place between nursing staff and the kitchen staff to assure the communication was consistently utilized.</p> <p>2. Although there had been a previous policy to help guide staff in the management of the farm animals, it had not been updated since 2008, resulting in a failure to schedule routine Veterinary checks of the animals cared for by the residents.</p> <p>Refer to Tags: 248, 249, 251, 252, 266</p>	R200		
R248 SS=E	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.c. All work surfaces are cleaned and sanitized after each use. Equipment and utensils are cleaned and sanitized after each use and stored properly.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and confirmed through staff interview, the RCH failed to assure all work surfaces in the kitchen were kept clean and sanitized. Findings include:</p> <p>During a tour of the kitchen accompanied by</p>	R248		

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R248	<p>Continued From page 2</p> <p>kitchen/RCH staff on 5/12/14 at 2:10 PM the following observations were made:</p> <ul style="list-style-type: none"> 1. The stove doors, handles, cooking elements and sides of the appliance were covered in grease and grime. 2. The hood directly above the stove was covered with dust, grease and grime. 3. The grates of the ansul hood (fire suppression/venting system) suspended over the entire cooking area was heavily soiled with dust and grease. The fire sprinkler heads/ pipes connected within the ansul hood were also covered in grease and dust. 4. The oven doors and handles were soiled with grease. 5. There was no sanitation process to assure work surfaces were kept clean. Areas where food preparation was conducted was cluttered both on the work surface and below where equipment and utensils are stored. Multiple spice containers, pans and pots were noted to have debris/dust on tops and on the shelving below. 6. The interior side walls of the large stand up freezer were covered with dried on liquid spills and the interior floor of the freezer was covered with liquid spills and food debris. <p>All observations were confirmed by both kitchen staff and the RCH educator/compliance coordinator. It was also confirmed a cleaning schedule had not been developed to assure the kitchen remained clean and sanitary. The RCH educator/compliance coordinator stated the ansul hood was last cleaned by a contractor in December/2013.</p>	R248		
R249 SS=E	VII. NUTRITION AND FOOD SERVICES	R249		

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R249	<p>Continued From page 3</p> <p>7.2 Food Safety and Sanitation</p> <p>7.2.d The home shall assure that food handling and storage techniques are consistent with safe food handling practices.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the RCH failed to assure that food handling and storage was consistent with safe food practices. Findings include:</p> <p>During a tour of the kitchen accompanied by kitchen/RCH staff on 5/12/14 at 2:10 PM the following observations were made:</p> <p>1. In the kitchen refrigerator containers of food were found opened and not dated to include: sour cream, bags of cheddar cheese and blue cheese. Various left over foods previously prepared (chicken/in tomato sauce) were not dated; containers with various food items used on the salad bar were not dated (Mexican peppers, edamame salad). There was no process to determine how long the food stored was considered safe to serve and when to discard. Kitchen staff were unable to confirm how long food had been stored and confirmed although s/he was aware all food opened or left over should be dated, it was evident this safe food practice was not being followed.</p> <p>2. The interior side walls of the large stand up freezer were covered with dried on liquid spills and the interior floor of the freezer was covered with liquid spills and food debris. In addition, there was an over abundance of food stored in the freezer in a manner that allowed food packages</p>	R249		

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R249	<p>Continued From page 4</p> <p>to fall out of the freezer onto the floor when the doors were opened.</p> <p>3. The resident refrigerator located in the dinning area of the RCH was noted on 5/13/14 at noon time to be heavily soiled with food spills and debris. Presently residents store their personal food items and leftover meals in the refrigerator. The refrigerator freezer was also heavily soiled with food spills on all surfaces. This observation was confirmed with RCH educator/compliance coordinator.</p> <p>There was no policy/procedure developed by the RCH to assure refrigerators/freezers were routinely cleaned.</p>	R249		
R251 SS=E	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.3 Food Storage and Equipment</p> <p>7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the RCH failed to assure the food preparation area was free of dust, overhead debris and other sources of contamination. Findings include:</p> <p>During a tour of the kitchen accompanied by kitchen/RCH staff on 5/12/14 at 2:10 PM the following observations were made:</p> <p>1. The sprinkler and water pipes that are</p>	R251		

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R251	<p>Continued From page 5</p> <p>suspended below the ceiling and positioned over food preparation and storage areas were heavily soiled with dust and grease.</p> <p>2. The grates of the ansul hood (fire suppression/venting system) suspended over the entire cooking area was heavily soiled with dust and grease. The fire sprinkler heads/ pipes connected within the ansul hood were also covered in grease and dust.</p> <p>3. Covers on the plastic bins which stored flour and sugar were soiled with dust and food debris.</p> <p>4. Spice containers stored on the lower shelf of food preparation tables were coated with food debris which had fallen from the above working surfaces.</p>	R251		
R252 SS=E	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.2 Food Storage and Equipment</p> <p>7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the RCH failed to assure all areas in the RCH used for storage of equipment and utensils were kept clean. Findings include:</p> <p>During a tour of the kitchen accompanied by kitchen/RCH staff on 5/12/14 at 2:10 PM the following observations were made:</p>	R252		

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R252	Continued From page 6 1. The bottom shelf of a table used to store food preparation equipment, located near the kitchen windows, was covered with dust and food debris. In addition, some equipment stored on that bottom shelf, including a food blender and small slow cooker were covered with dust and food debris.	R252		
R266 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and interview, there was a failure to assure resident rooms were maintained in a safe, functional and sanitary environment. Findings include: During a tour of the RCH on the afternoon of 5/12/14 accompanied by nursing staff and/or the educator/compliance coordinator the following observations were made: 1. In Resident Room #10 clothes were thrown all over the floor and furniture. The bedroom floor was strewn with trash, dirt, dust and food debris. The room was cluttered and unsanitary. 2. In Room #5 large quantities of clothes and personal items were stored throughout the room and floor, creating an unsafe and cluttered environment.	R266		

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R266	Continued From page 7 3. In Room #9 large quantities of clothes and personal items were being strewn throughout the room and floor. An unsafe environment was observed to exist with the use of multiple extension cords in use throughout the resident's room without the benefit of power strips to prevent electrical overload/short circuit.	R266		
R270 SS=B	IX. PHYSICAL PLANT 9.2 Residents' Rooms 9.2.c Each bedroom shall have an outside window. (1) Windows shall be openable and screened except in construction containing approved mechanical air circulation and ventilation equipment. (2) Window shades, venetian blinds or curtains shall be provided to control natural light and offer privacy. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the RCH failed to provide either a window shade or curtain for each resident's room. Findings include: 1. During a tour of the RCH on the afternoon of 5/12/14, the window in Room #11 lacked a curtain or shade.	R270		
R302 SS=E	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness	R302		

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R302	<p>Continued From page 8</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, the RCH failed to conduct periodic fire drills at least quarterly at alternative times. Findings include:</p> <p>1. Per review on 5/13/14 of the fire drill records for 2013/2014, staff failed to rotate times of the day among morning, afternoon and evening and nights. Of the 6 drills recorded as completed, 5 drills were conducted during the morning between 8:50 AM and 11:30 AM. The failure to comply with this regulation was confirmed at 3:15 PM on 5/13/14 with the educator/compliance coordinator.</p>	R302		
R310 SS=C	X. PETS	R310		
	10.2.d Pets must be free from disease including leukemia, heartworm, hepatitis, leptos psorisos, parvo, worms, fleas, ticks, ear mites, and skin disorders, and must be current at all times with rabies and distemper vaccinations.			

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R310	<p>Continued From page 9</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the RCH failed to provide and keep current the required inoculations/vaccinations for all the farm animals housed at the RCH barn. Findings include:</p> <p>Per review on 5/13/14, the veterinary records for the goats and sheep housed on the RCH property and cared for by some of the residents, did not include updated and required inoculations/vaccinations as per State law. Per interview on the afternoon of 5/13/14 the educator/compliance coordinator confirmed the farm pets have not been kept current with required inoculations/vaccinations. The Veterinarian was contacted by RCH staff at the time of survey and a visit was schedule for the Veterinarian to exam and treat the farm animals within the week.</p>	R310		
R999 SS=E	<p>MISCELLANEOUS</p> <p>4.13.b:</p> <p>Whenever the authority is vested in the governing board of a firm, partnership, corporation, company, association or joint stock association, there shall be appointed a duly authorized qualified manager, however named, who will be in charge of the daily management and business affairs of the home, who shall be fully authorized and empowered to carry out the provisions of these regulations, and who shall be charged with the responsibility of doing so. The manager of the home shall be present in the home an average of 32 hours per week. The 32 hours shall include time providing services, such as transporting, or attendance at educational seminars. Vacations</p>	R999		

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R999	<p>Continued From page 10</p> <p>and sick time shall be taken into account for the 32-hour requirement. In the event of extended absences, an interim manager must be appointed.</p> <p>1. Based on interview throughout the days of survey, the Director for Collaborative Solutions Corporation (CSC) and former Manager for Second Spring confirmed since taking on a new role with CSC it has been difficult to maintain compliance as "Interim Manager" while CSC recruits a new Manager for the RCH. Although an individual had been hired as Manager, the position did not "...work out", thus requiring the Director to maintain an "Interim Manager" role. As a result of this, s/he confirmed due to other commitments the required 32 hours has not consistently been met.</p> <p>As a result, it was evidence through identified regulatory violations, Manager oversight of the day to day operations of the RCH have not been met.</p> <p>Refer to Tags: 200, 248, 249, 251, 252, 266, 270, 302, 310</p>	R999		

Second Spring North South Plan of Correction

Site Survey

5-13-14

*Attn: Fran Keefer
5 Pages*

Deficiency and Corrective Action	How Monitored	Person Responsible	Completion Date
<p>1. R200, 5.15 Policy and Procedures 1: Deficiency: "RCH failed to develop policies and procedures specific to the sanitary management of the kitchen." Corrective Action: RCH will develop policies and procedures and cleaning schedules for the sanitary management of the kitchen. As of this date a deep cleaning has been performed and cleaning schedule put in place and posted. Stove hood cover was professionally cleaned two weeks ago and has been changed from every six months professional cleaning to every 3 months. P&P being developed by the Compliance Officer and Supervisor of Buildings and Grounds.</p>	<p>1. Supervisor of Buildings and Grounds will monitor cleaning schedules weekly to ensure Sanitary Management P&P is being followed by kitchen staff.</p>	<p>1. Compliance Officer, Supervisor of Buildings and Grounds, Kitchen staff, RCH Administrator</p>	<p>1. 7-11-14</p>
<p>2. R200, 5.15 Policy and Procedures 2: Deficiency: "Failure to develop a policy that kitchen staff could utilize to assure resident food allergies and food preferences were made known by all who are cooking and serving meals."</p>	<p>2. Nurse Manager and Nursing staff are responsible to ensure dietary information is communicated to all kitchen staff. Nurse Manager and</p>	<p>2. Nurse Manager, Compliance Officer, Nursing staff, kitchen staff, RCH Administrator</p>	<p>2. 7-11-14</p>

<p>Corrective Action: Policies and procedures will be written and implemented to assure resident food allergies and preferences are known to all staff cooking and serving meals. A process will be put in place to ensure that the nursing Dietary Assessment is communicated between nursing and kitchen staff.</p>	<p>Compliance Officer will develop P&P and implement.</p>		
<p>3. R200, 5.15 Policy and Procedures 3: Deficiency: Policy for managing farm animals "had not been updated since 2008, resulting in failure to schedule routine veterinary checks of the animals cared for by the residents." Corrective Action: Policy will be updated and copies of veterinary check paperwork, including vaccinations will be kept on site. At this time, our veterinarian has updated vaccinations on all animals and records are on site. Regular veterinary checks have been developed.</p>	<p>3. Supervisor of Buildings and Grounds will ensure veterinary check-ups are scheduled regularly and records are kept on site.</p>	<p>3. Supervisor of Buildings and Grounds, Compliance Officer, RCH Administrator</p>	<p>3. 7-11-14</p>
<p>4. R248, 7.2 Food Safety and Sanitation 7.2c: Deficiency: "RCH failed to assure all work surfaces in the kitchen were kept clean and sanitized." Corrective Action: All areas cited, 1-6, have been corrected and added to the regular cleaning schedule. Supervisor of Buildings and Grounds have developed a regular inspection process/checklist based on the areas.</p>	<p>4. Regular inspection of all areas cited and checklist signed off by Supervisor of Buildings and Grounds and/or Compliance Officer and/or designee.</p>	<p>4. Supervisor of Buildings and Grounds, Compliance Officer, kitchen staff, RCH Administrator</p>	<p>4. 7-11-14</p>

<p>5. R249, 7.2 Food Safety and Sanitation 7.2d: Deficiency: "RCH failed to assure that food handling and storage was consistent with safe food practices." Corrective Action: The citations regarding the refrigerators, freezers and food labeling detailed in sections 1-3 have been corrected and are being added to the Sanitary Management P&P and weekly inspection process."</p>	<p>5. Regular inspection of all areas cited and checklist signed off by Supervisor of Buildings and Grounds and/or Compliance Officer and/or designee.</p>	<p>5. Supervisor of Buildings and Grounds, Compliance Officer, Kitchen staff, RCH Administrator</p>	<p>5. 7-11-14</p>
<p>6. R251, 7.3 Food Storage and Equipment 7.3a: Deficiency: "RCH failed to assure the food preparation area was free of dust, overhead debris and other sources of contamination." Corrective Action: The citations regarding food handling and storage detailed in sections 1-4 have been corrected and are being added to the Sanitary Management P&P and weekly inspection process."</p>	<p>6. Regular inspection of all areas cited and checklist signed off by Supervisor of Buildings and Grounds and/or Compliance Officer and/or designee.</p>	<p>6. Supervisor of Buildings and Grounds, Compliance Officer, Kitchen staff, RCH Administrator</p>	<p>6. 7-11-14</p>
<p>7. R252, 7.3 Food Storage and Equipment 7.3b: Deficiency: "RCH failed to assure all areas in the RCH used for storage of equipment and utensils were kept clean." Corrective Action: The citations regarding food handling and storage detailed in sections 1have been corrected and are being added to the Sanitary Management P&P and weekly inspection process."</p>	<p>7. Regular inspection of all areas cited and checklist signed off by Supervisor of Buildings and Grounds and/or Compliance Officer and/or designee.</p>	<p>7. Supervisor of Buildings and Grounds, Compliance Officer, Kitchen staff, RCH Administrator</p>	<p>7. 7-11-14</p>

<p>8. R266, 9.1 Environment 9.1a:</p> <p>Deficiency: "there was a failure to assure resident rooms were maintained in a safe, functional and sanitary environment."</p> <p>Corrective Action: The RCH has a P&P in place with cleaning schedules and room checklists. This will be monitored daily to ensure compliance with P&P by house cleaners and Recovery staff who are responsible for cleaning rooms.</p>	<p>8. Regular inspection of all areas cited and checklist signed off by Recovery and House-keeping staff Supervisor of Buildings and Grounds and/or Compliance Officer and/or designee.</p>	<p>8. Supervisor of Buildings and Grounds, Compliance Officer, Recovery and House-keeping staff, RCH Administrator</p>	<p>8. 7-11-14</p>
<p>9. R270, 9.2 Resident's Rooms 9.2c:</p> <p>Deficiency: "RCH failed to provide a window shade or curtain for each resident's room."</p> <p>Corrective Action: All rooms have been inspected and shades/curtains are being provided.</p>	<p>9. Inspection of window coverings will be added to the room inspection checklist used by Recovery staff and House-keeping when inspecting rooms.</p>	<p>9. Supervisor of Buildings and Grounds, Compliance Officer, Recovery and House-keeping staff, RCH Administrator</p>	<p>9. 7-11-14</p>
<p>10. R302, 9.11 Disaster and Emergency Preparedness 9.11c:</p> <p>Deficiency: "RCH failed to conduct periodic fire drills at least quarterly at alternative times."</p> <p>Corrective Action: Fire drills have been conducted since DLP survey at alternative times. A monthly schedule has been developed and implemented for fire drills.</p>	<p>10. Monthly fire drills conducted by Supervisor of Buildings and Grounds and/or Compliance Officer and/or designee.</p>	<p>10. Supervisor of Buildings and Grounds, Compliance Officer, Recovery and House-keeping staff, RCH Administrator</p>	<p>10. 7-11-14</p>

<p>11. R310, 10.2 Pets, 10.2d:</p> <p>Deficiency: "RCH failed to provide and keep current the required innoculations and vaccinations for all farm animals housed at the RCH barn."</p> <p>Corrective Action: Policy will be updated and copies of veterinary check paperwork, including vaccinations will be kept on site. At this time, our veterinarian has updated innoculations/vaccinations on all animals and records are on site. Regular veterinary checks have been developed.</p>	<p>11. Supervisor of Buildings and Grounds will ensure veterinary check-ups are scheduled regularly and records are kept on site.</p>	<p>11. Supervisor of Buildings and Grounds, Compliance Officer, RCH Administrator</p>	<p>11. 7-11-14</p>
<p>12. R999, 4.13 Miscellaneous 14.3b:</p> <p>Deficiency: "Manager oversight of the day to day operations have not been met."</p> <p>Corrective Action: An Interim Manager will be appointed and updated on the license with DLP until a new House Manager has been appointed.</p>	<p>12. Executive Director will appoint an interim manager and provide direct oversight and supervision to this position.</p>	<p>12. CSC Executive Director</p>	<p>12. 6-13-14</p>